

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/590,677	
	Filing Date	October 24, 2006	
	First Named Inventor	Ingo Uckelmann	
	Title	METHODS AND DEVICE USE TO PRODUCE A SET OF CONTROL DATA FOR PRODUCING PRODUCTS BY FREE-FORM SINTERING AND/OR MELTING, IN ADDITION TO A DEVICE FOR THE PRODUCTION THEREOF.	
	Art Unit	3742	
	Examiner Name	Brian W. Jennison	
	Attorney Docket	63884-823803	
I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">20350</div>			
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I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.			
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<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.77. Statement under 37 CFR 3.73(b) (Form PTO/SB/R1 submitted herewith or filed on _____)			
SIGNATURE of Applicant or Assignee of Record			
Signature		Date	
Name		Telephone	
Title and Company		BEGO Medical GmbH	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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